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**NOTICE OF APPEAL FROM THE EXAMINER TO
THE BOARD OF PATENT APPEALS AND INTERFERENCES**

Docket No. (Optional):
A-6686 (191910-1560)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

3-1-06

Signature – Jeffrey R. Kuester

In re Application of
Jerding, et al.

Application Number
09/693,288

Filed
10/20/2000

For
Media-On-Demand Rental Duration Management
System

Group Art Unit
2614

Examiner
Beliveau, Scott B.

Applicant hereby **appeals** to the Board of Patent Appeals and interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b))

\$ 500.00

- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is \$
reduced by half, and the resulting fee is:
☐ A check in the amount of the fee is enclosed.
☒ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
I have enclosed a duplicate copy of this sheet.
☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any
overpayment to Deposit Account No. 20-0778.
☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

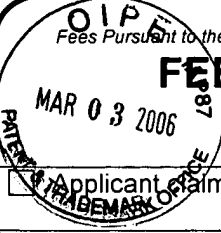
- ☐ applicant/inventor.
☐ assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 CFR 3.73(b)
Is enclosed. (Form PTO/SB/96)
☐ attorney or agent of record.
☒ Attorney or agent acting under 37 CFR 1.34(a).
Registration No. if acting under 37 CFR 1.34(a)

Jeffrey R. Kuester, Reg. No. 34,367

Date

7-1-06

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

<div style="text-align: center;">  <p>Effective on 12/08/2004 Fees Pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).</p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2005</h3> </div> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>	<div style="text-align: center; border: 1px solid black; padding: 2px;"> Complete if Known </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Application Number</td> <td>09/693,288</td> </tr> <tr> <td>Filing Date</td> <td>October 20, 2000</td> </tr> <tr> <td>First Named Inventor</td> <td>Jerding</td> </tr> <tr> <td>Examiner Name</td> <td>Beliveau, Scott</td> </tr> <tr> <td>Art Unit</td> <td>2614</td> </tr> <tr> <td>Attorney Docket No.</td> <td>A-6686 (191910-1560)</td> </tr> </table>	Application Number	09/693,288	Filing Date	October 20, 2000	First Named Inventor	Jerding	Examiner Name	Beliveau, Scott	Art Unit	2614	Attorney Docket No.	A-6686 (191910-1560)
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">TOTAL AMOUNT OF PAYMENT</td> <td>(\$500.00)</td> </tr> </table>		TOTAL AMOUNT OF PAYMENT	(\$500.00)										
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METHOD OF PAYMENT (check all that apply)

☐ Check
 ☒ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify):

☒ Deposit Account
 Deposit Account Number: **20-0778**
 Deposit Account Name: **Thomas, Kayden, Horstemeyer Risley, L.L.P.**
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s)
 ☒ Credit any overpayments

under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESSIVE CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee(\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
-20 or HP =		50	0			
HP = highest number of total claims paid for, if great than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
-3 or HP =		200	0			
HP = highest number of total claims paid for, if great than 3						

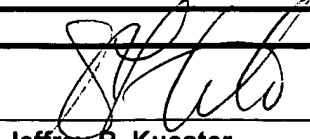
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50=	(round up to a whole number) x	=	

4. OTHER FEE(S)

	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other: Notice of Appeal	\$500.00

SUBMITTED BY		Complete (if applicable)	
Signature		Registration No. 34,367	Telephone Number 770-933-9500
Name: (Print/Type)	Jeffrey R. Kuester	Date:	3-1-06